



CUYAHOGA METROPOLITAN
HOUSING AUTHORITY



Housing Choice Voucher Program

3400 Hamilton Avenue
Cleveland, Ohio 44114

tel 216.431.1471
fax 216.432.3970
tty 216.426.2903
tty 216.426.2904

Subject: RE: HOUSING CHOICE VOUCHER HOMEOWNERSHIP PROGRAM

Dear HCVP Participant:

Thank you for your interest in the Cuyahoga Metropolitan Housing Authority Housing Choice Voucher Homeownership Program. You have just taken your first step towards a bright future.

Before we can get started working with you to help you meet your home ownership goal, you must meet the following requirements:

- 1-year on HCVP tenant-based assistance.
- 1-year full time employment, unless you have a disability or the head of household is elderly. Part-time employment does not qualify.
- You must also have an annual income of no less than \$15,000.
- Savings of \$3,000 or more.

Also, you must download and complete the enclosed pre-application and sign and date the General Authorization to Release information form. This will allow us to complete a preliminary assessment of your eligibility and determine you "mortgage-readiness" by checking your credit history.

Once you have completed these documents, please return them (together) to:

CMHA
Attn: Homeownership Program
3400 Hamilton Avenue, Building B,
Cleveland, Ohio 44114.

Incomplete pre-applications or unsigned release forms will not be processed.

Applications are processed in the order in which they are received. After we have completely processed your application, you will receive a letter in the mail scheduling a program participant orientation.

Sincerely,

Velmarie Peoples, Manager
HCVP Homeownership Program



CUYAHOGA METROPOLITAN HOUSING AUTHORITY

Tell Us About Yourself

Housing Choice Voucher Program

3400 Hamilton Avenue
Cleveland, Ohio 44114

Print clearly. Use additional sheets if necessary.

Information will not be shared with any third party (e.g. credit agency or lender) without your explicit signed authorization.

tel 216.431.1471
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General Information

Last Name:

First Name:

Middle Name:

Suffix (Sr., Jr., etc):

Social Security Number:

Home Phone:

Alternate Phone: Ext:

E-mail Address:

Birth Date:

Number of Dependents:

Gender: Female Male

Marital Status: Married Separated Unmarried

Single Head of Household

Female Head of Household

First Time Home Buyer

US Veteran

Owned Home in Last 3 Years

Race: American Indian/Alaskan Native

Asian/Pacific Islander

Black/Non-Hispanic

Hispanic

White/Non-Hispanic

Other

Citizenship: US Citizen

Permanent Resident

Non-Resident

Address & Employment

Housing Choice Voucher Program

3400 Hamilton Avenue
 Cleveland, Ohio 44114

tel: 216.431.1471

fax: 216.432.3970

tty: 216.426.2903

tty: 216.426.2904

Address		<input type="checkbox"/> Current
Street Address:	<input type="text"/>	
City:	<input type="text"/>	State: <input type="text"/> Zip: <input type="text"/>
Residency Status:	<input type="checkbox"/> Own <input type="checkbox"/> Rent	
County:	<input type="text"/>	
Length of occupancy:	Years: <input type="text"/>	Months: <input type="text"/>

Previous Address (enter if the current address is less than 2 years)		
Street Address:	<input type="text"/>	
City:	<input type="text"/>	State: <input type="text"/> Zip: <input type="text"/>
Residency Status:	<input type="checkbox"/> Own <input type="checkbox"/> Rent	
County:	<input type="text"/>	
Length of occupancy:	Years: <input type="text"/>	Months: <input type="text"/>

Employment		
Employer Name:	<input type="text"/>	
Street Address:	<input type="text"/>	
City:	<input type="text"/>	State: <input type="text"/> Zip: <input type="text"/>
Contact Phone:	<input type="text"/>	Ext: <input type="text"/>
Position/Title:	<input type="text"/>	
Start Date:	<input type="text"/>	End Date: <input type="text"/>
		<input type="checkbox"/> Self Employed

Previous Employment (enter if within the last 2 years)		
Employer Name:	<input type="text"/>	
Street Address:	<input type="text"/>	
City:	<input type="text"/>	State: <input type="text"/> Zip: <input type="text"/>
Contact Phone:	<input type="text"/>	Ext: <input type="text"/>
Position/Title:	<input type="text"/>	
Start Date:	<input type="text"/>	End Date: <input type="text"/>
		<input type="checkbox"/> Self Employed

FINANCIALS

Income:

Owner: *If there are multiply clients, enter the name of the one responsible for the income.*
 Types of Income: *Specify the type of income: Salary, Commission, Bonuses, etc...*

Owner:	<input type="text"/>	Type of Income:	<input type="text"/>	Amount:	<input type="text"/>	Pay Cycle:	<input type="text"/>
Owner:	<input type="text"/>	Type of Income:	<input type="text"/>	Amount:	<input type="text"/>	Pay Cycle:	<input type="text"/>
Owner:	<input type="text"/>	Type of Income:	<input type="text"/>	Amount:	<input type="text"/>	Pay Cycle:	<input type="text"/>
Owner:	<input type="text"/>	Type of Income:	<input type="text"/>	Amount:	<input type="text"/>	Pay Cycle:	<input type="text"/>

Are you disabled and/or elderly? If yes, please circle correct responses. Disabled Elderly
 Are you an active participant in the Family Self Sufficiency (FSS) program? Yes No

Assets:

Owner: *If there are multiply clients, enter the name of the one responsible for the income.*
 Types of Assets: *Specify the type of assets: Checking Accts, Saving Accts, CDs, Stocks, Bonds, 401K...*

Owner:	<input type="text"/>	Asset Type:	<input type="text"/>	Available Funds:	<input type="text"/>
Owner:	<input type="text"/>	Asset Type:	<input type="text"/>	Available Funds:	<input type="text"/>
Owner:	<input type="text"/>	Asset Type:	<input type="text"/>	Available Funds:	<input type="text"/>

Liabilities:

Owner: *If there are multiply clients, enter the name of the one responsible for the liabilities.*
 Types of Liabilities: *Specify the type of liabilities: Credit Cards, Medical Bills, Auto loans, Student loans...*

Owner:	<input type="text"/>	Creditor:	<input type="text"/>	Monthly Payments:	<input type="text"/>
Owner:	<input type="text"/>	Creditor:	<input type="text"/>	Monthly Payments:	<input type="text"/>
Owner:	<input type="text"/>	Creditor:	<input type="text"/>	Monthly Payments:	<input type="text"/>
Owner:	<input type="text"/>	Creditor:	<input type="text"/>	Monthly Payments:	<input type="text"/>

Credit Issues:

Owner: *If there are multiply clients, enter the name who is responsible for the credit Issues.*
 Types of Liabilities: *Specify the type of Issues: Bankruptcy, Judgments, Lien, repossessions, Law Suits.*

Owner:	<input type="text"/>	Issue Type:	<input type="text"/>	Start Date:	<input type="text"/>	Resolved:	<input type="text"/>
Owner:	<input type="text"/>	Issue Type:	<input type="text"/>	Start Date:	<input type="text"/>	Resolved:	<input type="text"/>



Cuyahoga Metropolitan Housing Authority **Housing Choice Voucher Program**
Housing Choice Voucher Homeownership Program
General Authorization for Release of Information
AND PRIVACY DISCLOSURE FORM

3400 Hamilton Avenue
 Cleveland, Ohio 44114
 tel 216.431.1471
 fax 216.432.3970
 tty 216.426.2903
 tty 216.426.2904

I/We, _____ and _____, give my/our permission for release to CMHA, its employees and agents, to obtain information which is being used to determine eligibility or continued assistance for participation in the Homeownership Program:

I/We understand and agree that CMHA intends to use the information for the purpose of evaluating my financial readiness to purchase a home, engage in pre-purchase counseling activities, or to assist me/us in preventing mortgage delinquency once I/we have purchased a home under its Homeownership Program.

My signature below also authorizes the release to credit reporting agencies of financial or other information that I have supplied to CMHA in connection with such evaluation.

In addition, I hereby authorize the Housing Choice Voucher Homeownership Program to receive or share with potential mortgage lenders, present mortgagees and/or counseling agencies any information, including any computations, payment histories and/or assessments that have been produced based upon such information.

Lenders may contact the Housing Choice Voucher Homeownership Program to discuss loans for which I may be eligible, or have presently. Counseling agencies may contact the Housing Choice Voucher Homeownership Program to discuss counseling services and/or referrals.

I/we understand that the information provided will be held in STRICT CONFIDENCE and will be used for program purposes only. I/We understand that a photocopy of this release is as valid as the original.

I understand that I may revoke my consent to these disclosures by notifying CMHA in writing.

Client's Name (Print)

Client's Name (Print)

Client's Signature

Client's Signature

Social Security Number

Social Security Number

Date

Date